

BOARDING HOME RESIDENT GROUP MEETING

BOARDING HOME NAME:		LICENSE NUMBER:	
INSPECTION DATE:		LICENSOR NAME:	
Inspection Type: <input type="checkbox"/> Initial <input type="checkbox"/> Full <input type="checkbox"/> Follow up <input type="checkbox"/> Monitoring <input type="checkbox"/> Complaint: # ____			
DATE:		TIME:	
NUMBER OF RESIDENTS PRESENT:			
RESIDENT COUNCIL? <input type="checkbox"/> Yes <input type="checkbox"/> No	COUNCIL PRESIDENT:		FOOD COMMITTEE: <input type="checkbox"/> Yes <input type="checkbox"/> No
Areas of concerns/issues identified prior to meeting:			
<p><i>Introductions and brief explanation of meeting and inspection process by RCS staff</i></p> <p>Group Interview: Suggested Areas for Discussion:</p> <ul style="list-style-type: none"> Privacy. Dignity respected (those with and without ability to speak for selves). Personal belongings/Loss or theft? Meals and food service. Response to concerns. Unmet needs. 			
NOTES:			